

H1N1 Vaccine Doses Administered Event Results Sharing Webinar Transcript

**February 17, 2010
1:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen only mode. After the presentation we will conduct a question and answer session.

To ask a question please press star then 1. Today's conference is being recorded. If you do have any objectives you may disconnect at this time.

I'd like to introduce your host for today's conference Ms. Barb Nichols. Ma'am you may begin.

Barb Nichols: ¹Hello. Welcome everyone to the H1N1 Vaccine Doses Administered Reporting Event Results Sharing webinar. My name is Barb Nichols and I'm the CRA Health Scientist Lead.

Joining me today are colleagues from the Immunization Services Division, Howard Hill and Warren Williams and members of the CRA Data Analysis and Outreach teams from Northrop Grumman, McKing Consulting and SRA International.

On behalf of everyone involved here at CDC I would like to thank you all for your participation, your cooperation and support in this important pandemic influenza initiative.

This event has demonstrated remarkable collaboration between local, state and federal officials. At this time I would like to introduce Warren Williams.

Warren Williams: ²Thanks Barb. Hello everybody. And again I'd like to echo Barb's sentiment and thank everybody for their participation today, and for participation in this event.

Today we're going to talk about primarily some of the results and feedback, lessons learned, next steps that we've learned from the campaign on doses administered that we conducted over the fall.

As everybody knows, we went through the whole process, and then after that we took some after action report calls and surveys. So we wanted to take this opportunity to present some of this information, talk about the lessons learned, next steps and of course open it up for some questions and comment periods at the end.

³We think this will probably take about 30 minutes or so, and so let's get started. We just have one slide on background this time. So this is just to let everybody know that the campaign started in early October and lasted through a reporting period of November 21st.

People reported their doses administered information on an MMWR week and reported their data in on a weekly basis by Tuesday at 11:59 of their respective time zones.

⁴Our next slide talks about the various data options that various folks used to report their information. Everybody has seen this slide many times. However, on the right-hand side it shows how the various option types were used throughout the H1N1 response.

So we had 26 Option 1 users, 35 Option 2 users and one Option 3 user. The Option 1 and Option 2 users we're going to break down in a little bit about some of the details in a few slides from now, showing how the various methods were used. And we've collected a little bit of information on that shows the various different techniques and flexibilities of how this system was stood up for reporting purposes.

⁵So our next slide is a summary of the overall event. How the reporting period officially started from 10/3/2009 to 11/21/2009.

We did allow updates to take place through the end of the year, December 31st. And that resulted in a total of 14,788,795 doses administered reported in through the system.

There were approximately a little over 13 million that were reported as of 10/21, and then a little over one million or so were reported as updates through the system from the end of November to the end of December.

We had about a reporting ratio of 35% doses administered over the doses shipped date, using a ship date in - towards the end of November. Over 83% of the vaccine reported was for persons under 65 years of age, and children aged 5 to 18 received more than 35% of the reported H1N1 vaccines.

It did take on average about two to four weeks for receiving full updated counts from the various project areas. And that was something that was important during the event, and so I think the timeliness was a challenge for everybody, but that was about the reported average lag time.

⁶The next slide illustrates the kind of weekly summary reports that we turned in on a weekly basis. This shows the final accumulative counts that were reported into the various age groups and dose number classifications.

⁷The next couple of slides we're going to look at this in a few separate ways of breaking it down little more specifically. This slide here is a national picture of the overall measure of rates that came in.

Most everything was fairly low in this department. But we had really good reporting techniques and capabilities across the country that reported the information in. So this is the national picture of how the final counts ended up coming in.

⁸The next slide here represents the total doses administered by accumulative age group, a further breakdown through there. So that represents what was reported in, and fairly consistent with what the recommended age groups were.

⁹The next slide talks about the reporting timeliness. So these are the number of project areas who reported their information by 11:59 on Tuesday. So we had fantastic participation from most project areas in this department.

In fact several times we had to close to 100% as of midnight on Tuesday. And then everybody knows we followed up with individual calls and prompts as necessary to get the rest of the information turned in. And through various technical problems and so forth as people may have encountered, we were able to get the information.

But overall we had very good participation and good delivery as far as turning in data by 11:59 on Tuesday.

¹⁰Our next slide is a breakdown of what we called the robust project areas. And we wanted to look at a subset of the project areas that consistently reported above the national average.

We had such a wide range of project areas reporting in this. We wanted to see what the top tier of project areas were reporting, and so this graph represents a cut of project areas that consistently reported above the national average. And then we wanted to look at their coverage percentages over time throughout the week of the event.

It illustrates that a lot of Option 1 users were hitting the bar a little higher than Option 2 users. And this happened because a lot of people were using their immunization information systems to record this information.

I think it highlights some any challenges that we had with doing this overall, and more importantly I think that some project areas are in a good position to help monitor a situation like this over an extended period of time provided the right capacity and infrastructure is in place to keep up with the reporting burden that exists.

¹¹Our next slide kind of breaks down the Option 1 and then the Option 2 reporting techniques that were used in the reporting events. So for the Option 1 users, we had about 45% of the project areas use the pipe delimited flat file.

The 40% of folks used an XML and reported through CRA. And about 15% used the XML exchange standard with PHINMS transport. So that was about the overall numbers for Option 1.

¹²The Option 2 breakdown follows like this. Now there is a lot of different methods that were used to capture the information with the Option 2 techniques. A variety of people used all kind of different methods.

Some used their IIS. Some used the Web links or survey method, such as SurveyMonkey were other popular tools that were used to collect this information from their various positions, offices or any location that was administrating the H1N1 vaccine and then reporting it in.

And this was something we had monitored throughout the campaign. And so you probably had various queries about this throughout, but this is how it broke down overall for reporting throughout the H1N1 stint.

So I'm going to flip it back to Barb who's going to talk a little bit about the outcomes and feedback questionnaires that we conducted, as well as the after action call. And then at that point we will open it up for some Q&A. Barb?

Barb Nichols: ¹³Thank you Warren. As you know the project areas were asked to complete an anonymous online feedback questionnaire. Eighty-five percent - 53 of 62 - completed the poll.

There were 11 questions highlighting the ease of use of the CRA to report data, the effectiveness of communication from and with CDC, the benefits of past exercises, issues and barriers that you encountered, and the collaboration between immunization and emergency preparedness groups and feedback to improve future responses.

¹⁴So question number one, we asked "How easy was CRA to use to report data to CDC?" For Option 1 users the responses included 19 of 22 people who responded reported that CRA was either very easy or easy to use.

¹⁵So that same question with Option 2 and 3 users, 26 of 29 respondents from the project areas indicated that it was either very easy or easy to use.

¹⁶Question number two, we asked you “Please rate your experience with the level of support provided by CDC.” In the area of communication for level of support, Option 1 users (19 of 22) and Option 2 users (27 of 30) reported the communication was very adequate or adequate as a level of support.

For the CDC points of contact, 19 of 22 Option 1 users and 26 of 30 Option 2 users reported very adequate or adequate.

For the weekly project area updates, 17 of 22 Option 1 users and 23 of 30 Option 2 users reported the updates to be either very adequate or adequate.

In the area of technical assistance, 15 of 22 Option 1 users and 19 of 30 Option 2 users reported the technical assistance to be either very adequate or adequate.

And lastly for the PHIN help desk, 13 of 22 Option 1 users and 15 of 30 Option 2 users rank the level of support to be either very adequate or adequate.

¹⁷Our third question was “How beneficial were the past CRA exercises in preparing for the H1N1 doses administered reporting requirements?” Thirty of the 49 project areas who responded were scored at either that the exercises were very beneficial or beneficial for the H1N1 event.

¹⁸Our fourth question was “Has the H1N1 initiative helped to improve coordination and communication between immunization and preparedness branches or sections at your health departments?”

And you can see in the pie chart here that 57% of the project areas reported that it had helped with coordination, 14% that it had not and 29% of them were neutral.

¹⁹Question five with Option 1 users: “What technical issues if any did you encounter while reporting data to CDC?” You can see in the area of data formatting that there were three project areas reporting having some technical issues - six in the area of SDN and digital certificates, three with other technical issues and 11 not applicable.

²⁰For the same question for Option 2 and 3 users, one project area having problems entering aggregate counts into CRA, one with internal communications, again two with SDN and digital certificate issues, four with other technical issues.

²¹As you know and many of you participated in an after action review call and we collected your feedback on the H1N1 doses administered event. Some of the comments that we heard were challenges with the doses administered exercise priority groups conforming to the H1N1 ACIP age group.

We also heard from you that CRA was easy to use, that CDC and CRA support was good - both technical and project support.

We believe that communication was good throughout the event. And project areas asked that we continue interactive webinars to show the functionality of CRA.

²²Let’s talk a little bit about some of the successes and challenges. We had nearly 100% weekly reporting for all project areas.

There was project area timeliness and accuracy of reporting. And project area participation included weekly webinars, CRA application training and access to the CRA Web page resources.

Some of the challenges included operation of logistics at the project area level. As you have seen mentioned earlier, there were just general certificate issues in the programmatic and technical area. There were issues with SDN security upgrades, aggregate reporting and uploading information.

And then, pretty much out of control or other challenges such as some areas reporting tsunamis, blizzards, hurricanes and even a bomb threat.

²³What are some of the lessons learned? We learned that there's a need for consistency between immunization and preparedness programs. Positive collaboration among Federal, state and local health agencies contributed to the success of the H1N1 doses administered group monitoring response.

The increased frequency of communication via webinars, conference calls, and one on one calls was effective in increasing participation.

There is a need for full project area participation in replacing and updating all doses administered counts for all previous reporting weeks on a weekly basis.

We also learned it's difficult to get timely and complete reporting during a public health pandemic. And we learned that there's room for improvement in automating systems at the state and local levels.

²⁴So what are our plans for 2010? We'd like to continue to seek supplemental funding opportunities to assist the project areas. We'd like to continue to

provide educational opportunities in the form of conferences and meetings. And to seek additional opportunities where CRA can be used to track and monitor other preparedness events.

²⁵We will be providing for each of the project areas a project area summary report. This report will be a two page report illustrating how each project area performed during the H1N1 doses administered monitoring event.

It will include tables and figures comparing the project area aggregate counts and performance measures with national and optional choice trends.

Performance results will be in the areas of timeliness, responsiveness, completeness, robustness and we will include a lessons learned and conclusion.

²⁶And one more thing that we'd like to mention to all of you: we will be having a CRA stakeholder meeting at the National Immunization Conference.

This will be held during the conference on April 20th. It will be from noon to 2 pm. The conference will be held at the Hyatt Regency Hotel in Atlanta. And proposed agenda at this time for that meeting will include background, H1N1 doses administered results and lessons learned, possible funding opportunities and of course and open discussion and feedback where we'd love to hear from all of you.

We will be sending out more information about that meeting via the list serve in the near future, so you can be on the lookout for that information.

²⁷And at this point I'd like to thank you for your attention, and again for all your hard work on this project. And we'd like to open the lines for any questions, comments and feedback that you may have.

Coordinator: If you would like to ask a question please press star then 1. Please record your name clearly when prompted. Your name is required to introduce your question. To withdraw your question please press star then 2. One moment please for the first question.

We have no questions in queue at this time.

Warren Williams: The summary reports that Barb mentioned in her presentation, we are anticipating trying to get those done by about the time of the National Immunization Conference.

I know many of you may be attending that session, but this is the timeline when we were hoping to get those reports done. And it'll be just a brief two page summary of sort of your individual project area results, and as they compare to national trends.

And so we thought that might be useful in giving you some individual context perspective of how your project area's results compare to some other national or option choice trends.

So everybody's been working pretty hard to pull that together and we hope that you'll find that to be useful, and you should be getting your individual copy of that hopefully by the time of the National Immunization Conference, so the meeting that Barb mentioned on what was it the 20th?

Barb Nichols: Correct.

Warren Williams: Is that right? That will be an opportunity to also ask some specific questions about that if folks have questions about, you know, interpretation or what those summary reports are trying to show.

So it'll be brief, but we thought we would put that together so individuals could see how their project areas were performing.

Coordinator: Sir we do have several questions in queue.

Warren Williams: Oh okay. There's everybody. Okay.

Coordinator: We have one question from Alex Ternier.

Warren Williams: Hey Alex.

Coordinator: Your line is open.

Alex Ternier: Hi. My question has just been answered. I just wanted to know when we could expect the reports to come in.

Warren Williams: So we were sort of mentally connected there.

Alex Ternier: Yes.

Warren Williams: Alright. Great.

Alex Ternier: Thank you.

Warren Williams: So expect it around the NIC time. Are you coming to that meeting?

Alex Ternier: Yes.

Warren Williams: Okay. Great. You should be able to get it by then.

Alex Ternier: Great. Thanks.

Coordinator: Our next question comes from Maureen Cassidy. Your line is open.

Warren Williams: Hey Maureen.

Maureen Cassidy: Yes. I didn't catch what the plans were for next year. Or did you discuss that?

Warren Williams: Was that about plans for next year?

Maureen Cassidy: Yes.

Warren Williams: There's one slide in there that talks a little bit about some of the upcoming activities. At this point I don't think we're going to do an exercise. That could change. But right now I think we may have to take a little bit of time off from that.

But we are planning to seek some supplemental funding possibilities, so we're always trying to pursue those. And we may still continue to have educational opportunities and lessons learned as we did with conferences and webinars and that kind of thing. But those are kind of the two planned for activities as of right now.

Maureen Cassidy: Okay. Thank you.

Warren Williams: Is there another question?

Coordinator: No questions in queue at this time sir.

Warren Williams: No. Everybody's being a little shy today. Must be the cold weather. Alright, any other comments? Well thanks everybody for dialing in.

We hope some of these lessons learned were useful and we appreciate everybody taking the time to ask questions and share some of the results and experiences from the event, both to the after action call and the feedback survey, as well as participating in the H1N1 doses administered event.

And thank you very much. We look forward to seeing you at the NIC in April. Thanks. Bye-bye.

END